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FAMILY NAME: ZELLERHOFF DELAY WAIVED (Y/N): Y  
GIVEN NAME: THOMAS DEMAND RECEIVED (Y/N): Y  
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ATTORNEY DOCKET NUMBER: P00,1334 COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
FAX  
NAME: HILL & SIMPSON  
STREET: 85TH FLOOR SEARS TOWER  
CITY: CHICAGO  
STATE/COUNTRY: IL ZIP: 60606  
EMAIL:  
APPLICATION TITLES:  
"METHOD OF TRANSMISSION AND TRANSMISSION SYSTEM"

TAB TO LAST POSITION,PUSH SEND



Bib Data Sheet


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<b>SERIAL NUMBER</b> 09/600,364	<b>FILING DATE</b> 07/14/2000 <b>RULE</b> -	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2731	<b>ATTORNEY DOCKET NO.</b> P001334
<b>APPLICANTS</b> THOMAS ZELLERHOFF, MUNCHEN, GERMANY;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/DE98/03696 12/16/1998 <i>Yes, IN</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 198 02 365.0 01/22/1998 <i>Yes, IN</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <i>None, IN</i> <b>** 08/04/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Van Hengsup</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 16
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> HILL STEADMAN & SIMPSON 85TH FLOOR SEARS TOWER CHICAGO ,IL 60606				
<b>TITLE</b> METHOD OF TRANSMISSION AND TRANSMISSION SYSTEM				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	